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Heart of Safety Coalition

Insights Huddle recap

May 2025

Caring for nurses across the three pillars of care team safety

Our sincere gratitude to Meredith A. Foxx, MSN, MBA, APRN, NEA-BC, PCNS-BC, PPCNP-BC, CPON, Senior Vice President, Chief Nursing Officer at Cleveland Clinic, and Cynda Rushton, PhD, MSN, BSN, RN, FAAN, Anne and George L. Bunting Professor of Clinical Ethics at Johns Hopkins School of Nursing, for leading this Insights Huddle on protecting nurse wellbeing. Below is a summary of the discussion.

Key premise

At the heart of patient care, nurses face unique challenges that impact their psychological, emotional and physical safety. Meredith and Cynda discuss the causes and consequences of cognitive overload, moral injury, workplace violence and more, as well as potential solutions. They also discuss the three pillars of care team safety—psychological and emotional safety, dignity and inclusion, and physical safety—to help foster a safer future of healthcare.

Topic overview

The three pillars of care team safety

- Psychological and emotional safety
- Dignity and inclusion
- Physical safety

Nurse wellbeing essentials

- Create an environment in which nurses can raise their voices – for patients and families, for themselves and their colleagues, and for system improvement.
- Support nurses in their professional development.
- Give nurses resources that help them feel confident in the care they deliver.
- Support nurses in situations when care doesn't go as expected.
- Allow nurses to bring their unique skills and perspectives to the workplace.
- Acknowledge that nurses are human and have their unique human stressors and joys. Lead with empathy.

Second victim support

Second victim phenomenon: Members of the healthcare team experience stress or distress as a consequence of workplace situations, including end of life, code situations, escalating workplace violence, clinical decisions, etc. This stress or distress is a normal human reaction that requires support.

- Understand the difference between empathic distress and second victim experience.
- Create formal, confidential peer support programs (individual and group), e.g., Emerge Stronger.
- Include discussions about the second victim phenomenon in tetention consults and new grad consults.

- Encourage storytelling from leaders and experienced clinicians to normalize reactions and recovery.
- Resource and train nurses and leaders with skills to preserve empathic engagement, e.g. G.R.A.C.E. (gather attention, recall intention, attune to self/other, consider what will serve, engage and end).
    - Avoid over-stimulation, which can activate fight, flight and fear responses, which in turn can lead to maladaptive coping strategies, burnout and disengagement.
    - Avoid empathic distress, which can lead to empathy erosion.
- Reduce situations that lead to empathic distress and overload. This requires tracking by leadership, ethics consultants and process change to reduce structural problems.
    - Minimize work overload and patient overload.
    - Hold ethics consults on treatment decisions when treatments have the potential to cause more harm than good.
    - Resource nurses so they have time to engage in ways that nourish them emotionally and psychologically.
- Recognize that newer nurses may be particularly vulnerable to empathic distress. Build team resources for support, e.g. Maryland's R3 initiative.
- Normalize different responses to unique situations as part of dignity and inclusion.
    - For example, after a patient death, some nurses may recover best by going home to process, others may need a space to decompress, while others may find that continuing work is their best path forward for coping and healing.

Moral resilience

- Moral suffering is a continuum. It occurs when a situation compromises or threatens a person's individual or professional values.
    - Moral distress is most common and is brought on by uncertainty or constraint, either situational or internal, of core values (human dignity, not causing harm, justice, equity, fairness, inclusion, etc.)
    - Moral injury comes from engaging in actions that fundamentally compromise a person's moral core, sense of personhood and identity. Moral injury occurs when people perceive themselves to have lost moral agency and a sense of who they are. For example, clinicians during COVID saying things like, "I'm doing things I never imagined myself doing, and I don't recognize who I am anymore."
- Moral suffering can come from perceived leader betrayals, betrayals of self, resource constraints, etc. There are individual constraints and systemic constraints. Post-COVID, systemic constraints have become more salient to nurses' sense of whether they have the time and resources to being able to be the nurses they want to be.
- Moral resilience is the ability to preserve or restore integrity in response to moral adversity.
    - Acknowledge the moral aspects and complexity of clinicians' work.
    - Understand that there are inherent qualities in all of us that allow us to meet challenges in ways that are healthy or ways that are maladaptive. This capacity can be amplified or degraded.
    - Avoid weaponizing resilience to imply that the entire onus of reform or recovery is on the individual.
    - Amplify the sense of agency for individuals so they can maintain their integrity:
        - Personal and relational integrity
        - Buoyancy
        - Self-regulation and self-awareness
        - Moral efficacy
        - Self-stewardship

Leading a culture of wellbeing

- Wellbeing and moral resilience should be situated in a human-centered culture of ethical practice. Increases in moral resilience and organizational effectiveness together have the greatest impact on moral injury scores.
    - Leaders should support individuals in the system and create organizational effectiveness that supports them and enables them to do the right thing at all times so their integrity is not under assault in the context of their role.
- Leadership practices:
    - Set the example: Welcome speaking up regardless of hierarchy. Treat yourself and your team with compassion.
    - Be transparent and authentic.
    - Coach other leaders and team members.
    - Recognize people's inexperience as a kind of suffering to be met with grace and humility.
    - Learn to recognize the symptoms of cognitive and emotional overload and fear.
- Protect moral resilience using principles of high reliability that build team cohesion and allow for respectful discussions of disagreement on the patient care plans between care team members.
    - Speaking up for safety – patient, team, etc. – creates a sense of shared integrity. Create a space in which nurses and other care team members can all rely on each other to get the best outcomes.
- Surveillance mechanisms must be in place to detect patterns of repeated conflict or challenge, as well as mechanisms to create system change informed by care team members.

Joy in practice

Finding joy in practice is essential to wellbeing.

- Identify the aspect(s) of clinical practice that bring joy and find ways to elevate your practice and bring it to the next generation. Encourage team members to engage in education, development, teaching, shared governance, etc.
- Negativity, which people tend to fixate on, resides in the body. At the end of a day, spend an equal amount of time noticing or reflecting on the good. Commend yourself for showing up and notice where your presence, competence and skills made a difference.
- Create a ritual for noticing the good in the day. Perhaps, make it part of your going home ritual. When you leave work each day, be intentional about putting down all the things left undone, all the things done that don't add value to home life.
    - Write it, say it, etc.

Discussion overview:

The Insights Huddle discussion centered on the ideas of culture shift and how leaders and team members can shift away from a focus on the problems of practice. We also discussed how to prepare students to protect against negative enculturation. Cynda and Meredith recognized that a lot of education is cognitively focused. Education also needs to teach students to cultivate awareness of self and self-regulation, to notice nervous system activation (what it feels like in the body) and identify strategies to regulate it. Students and nurses can also learn to develop a voice that allows them to speak up with influence and integrity. Students and practicing nurses alike should be taught to practice key skills such as empathy, attunement and perspective-taking through classes, patient cases and clinical collaboration. Part of doing this is to make sure nursing students in hospitals, clinics and other healthcare environments are treated as an integral part of the nursing team.

Additional resources:

- Heart of Safety Coalition research paper: The three pillars of care team safety
- Cleveland Clinic video: Empathy
- Emerge Stronger program
- Upaya Zen Center self-paced program G.R.A.C.E. (donation requested but not required)
- Maryland's Renewal, Resilience and Retention (R3) resources for nurses
- AJCC article: Transforming Moral Suffering by Cultivating Moral Resilience and Ethical Practice
- Book: Moral Resilience, by Dr. Cynda H. Rushton
- AACN article: Systems to Address Burnout and Support Well-being: Implications for Intensive Care Unit Nurses (subscription required)

If you have topic ideas or best practices you want to share to improve the safety and wellbeing of healthcare team members, email **HeartofSafetyCoalition@stryker.com**.

About the Heart of Safety Coalition

The Heart of Safety Coalition places care team member safety at the heart of healthcare. This national community of industry leaders, learners and advocates ensures that voices are heard, connections are made, and standards are raised to inspire systemic, team and individual change that improves working and healing environments. The Coalition's three pillars of care team safety advance the Heart of Safety Declaration, which intersects the essential wellbeing principles of dignity and inclusion, physical safety, and psychological and emotional safety. Driven by its mission to make healthcare better, Stryker supports and manages the Coalition.

Learn more at www.HeartofSafetyCoalition.com.